Only

STATEMENT OF

PAGE 1 / 14 =

FEC FORM 1			RGANIZ					Of	fice Use	Only		
1. NAME OF COMMITTEE (ir	n full)	,	Check if name changed)		mple:If typing, type	12	FE4M	15		1		
Michigan D	,							1 1		_	1 1	ı ı İ
ADDRESS (number a	nd street)	606 Town	send St.					1 1		1 1		
(Check if a	address										1 1	
is changed	1)	Lansing				I M	<u> </u>	489	33	. -		
		CI	ГУ 🛦			STA	ATE 🛦			ZIP C	ODE A	
COMMITTEE'S E-MA	AIL ADDRI	ESS										
(Check if a is changed		djohnso	n@michigan	dems.coi	m							
·		Optional lavoral	Second E-Mail / Darnes@mic	Address chigande	ems.com	1 1 1	1 1 1	1 1	1 1	1 1	1 1	1
COMMITTEE'S WEB (Check if a is changed	address	,	RL) chigandems.com									
2. DATE 1		7 / Y	2019									
B. FEC IDENTIFIC	CATION N	UMBER ▶	C	C0003105	4							
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMENDED (A	A)						
certify that I have e	examined 1	his Stateme	nt and to the be	est of my k	knowledge and beli	ief it is tru	e, corre	ct and	comple	ete.		
Type or Print Name	of Treasure	er Kornak,	Ггасі, , ,									
Signature of Treasure	er <i>Korn</i>	nak, Traci, , ,			[Electronically Filed]	<i>I</i> Date		12 /	17	· / [y y 201	
NOTE: Submission of	false, error			-	eject the person sign	-			penaltie	s of 2	U.S.C.	§437g.
Office Use					For further informati Federal Election Com Toll Free 800-424-953	mission				FOR		

Toll Free 800-424-9530

Local 202-694-1100

TYPE OF COMMITTEE Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President	Page 2 e candidate
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President Dis	e candidate
(a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President Dis	e candidate
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President Dis	e candidate
information below.) Name of Candidate Candidate Party Affiliation Office Sought: House Senate President Dis	e candidate
Candidate Candidate Party Affiliation Office Sought: House Senate President Dis	
Party Affiliation Sought: House Senate President Dis	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	ate
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) committee of the DEM (Democ Republic	ratic, can, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	organization is a
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	

FEC Form 1 (Revised	02/2000)	Page 3
Write or Type Committee Name		i aye J
	ocratic State Central Committee	
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadershin PAC Sponsor
-	organization, Anniated Committee, Joint Lundraising Representative,	or Leadership FAC Sponsor
DNC Victory Fund		
Mailing Address	430 So. Capitol St., S.E.	
	Washington DC	20003
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee 🗶 Joint Fundraising Representat	ive Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
Johnson, Full Name	Dorothy, , ,	
	606 Townsend St.	
Mailing Address		
	Lansing	,48933
Title or Position	CITY STATE	ZIP CODE
Compliance Director	Telephone number	17 - 371 - 5410
Treasurer: List the name an any designated agent (e.g., and the second sec	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Kornak, Tr	raci,,,	1
of Treasurer	606 Townsend St.	
Mailing Address	OUG TOWNISCHIU OL.	
	Lansing	48933
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 5	17 371 - 5410

. = 0 . 0	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Barnes, Lavora, , ,	
Mailing Address	606 Townsend St.	
	Lansing 48933 CITY STATE Z	IP CODE
Title or Position Assistant Treasure	er Telephone number 517 – 37	71 - 5410
	Depositories: List all banks or other depositories in which the committee deposits funds, holds es or maintains funds.	accounts, rents
Name of Bank, Dep		
Name of Bank, Dep	Capitol National Bank 200 N. Washington Square	
Name of Bank, Dep	Capitol National Bank	
Name of Bank, Dep	Capitol National Bank	
Name of Bank, Dep	Capitol National Bank 200 N. Washington Square Lansing MI 48933	IIP CODE
Name of Bank, Dep	Capitol National Bank 200 N. Washington Square Lansing CITY STATE Z	IP CODE
Name of Bank, Dep	Capitol National Bank 200 N. Washington Square Lansing CITY STATE Z	IIP CODE
Name of Bank, Dep	Capitol National Bank 200 N. Washington Square Lansing CITY STATE Zepository, etc. Amalgamated Bank	IP CODE
Name of Bank, Dep	Capitol National Bank 200 N. Washington Square Lansing CITY STATE Z Pository, etc.	IIP CODE

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint	Fundraising	Participant:					
1				FEC ID	number	С	
2.				FEC ID	number	C	
3.			.	FEC ID	number	С	
4.				FEC ID	number	С	
6. Name of Any	Connected Or	ganization, Affiliated Co	mmittee, Joint Fun	draising Rep	resentative	, or Leadership PAC S	Sponsor
Dollars fo	or Democra	its					
Mailing A	Address	430 So. Capitol St., S.E.					
		Washington			DC	20003	
Relations	ship:	Cl	TY ▲		STATE A	ZIP CODE	A
	Connected C	organization Affiliated	Committee X Jo	int Fundraising	Representa	tive Leadership PA	AC Sponsor
8. Designated A g	gent: Identify b	y name, address (phone	number – optional)				
		y name, address (phone i	number – optional)				
Full Name		y name, address (phone	number – optional)				
Full Name		y name, address (phone					
Full Name Mailing Add	dress				STATE A	ZIP CODE 4	
Full Name Mailing Add			/ A		STATE A		
Full Name Mailing Add TITLE OR	er Depositorie boxes or maint	CITY	/ A	Telephone Nu	STATE ▲ mber	ZIP CODE A	
Full Name Mailing Add TITLE OR July 1 9. Banks or Other safety deposit Name of Bank, Depository, etc.	er Depositorie boxes or maint	city s: List all banks or other ains funds. nated Bank	/ A	Telephone Nu	STATE ▲ mber	ZIP CODE A	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h	n). Joint Fundraisin g	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
_				
		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Stabenow Victory	Fund	1 1 1 1 1 1 1	
-			1 1 1 1 1 1	
		P.O. Box #4462		
	Mailing Address	F.O. DOX #4402		
		East Lansing	MI L	48826
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
3. De	signated Agent: Identify	by name, address (phone number - optional)		
 3. De	signated Agent: Identify	by name, address (phone number – optional)		
 3. D e		by name, address (phone number – optional)		
 3. De	Full Name	by name, address (phone number – optional)		
3. D e	Full Name	by name, address (phone number – optional)		
— De	Full Name	CITY	STATE A	ZIP CODE A
3. De	Full Name	CITY A	STATE A	
— Ba sat	Full Name	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
— Ba sat	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositor fety deposit boxes or main arme of Bank, epository, etc.	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	oloina Donrocontotiv	o av Landavahin DAC Snan
	roots Victory Fund	aising nepresentative	e, or Leadership FAC Spon
Mailing Address	430 So. Capitol St., S.E.		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC S
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esignated Agent: Identify		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	v by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	v by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		」 FEC ID number	С
4			
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	undraising Representativ	e, or Leadership PAC Spor
Great Lakes Victo	ory Fund		
	l 611 Pennsylvania Avenue, S.E.		
Mailing Address			
	Suite #143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Islant Europeisters December	ativa Diagramica PAG G
	y by name, address (phone number – optiona	Joint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif			Leadersnip PAC S
esignated Agent: Identif			Leadersnip PAC S
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esignated Agent: Identif			Leadersnip PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optiona		
esignated Agent: Identif	y by name, address (phone number – optiona		
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or m	y by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisii	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	401 1st Street, S.E.		
			<u> </u>
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Spo
	d Organization Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identif	by by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

1	sing Participant:	FEC ID number	C
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	[C]
	ed Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
Stevens Victory			
Mailing Address	918 Pennsylvania Avenue, S.E.		
			20000
	Washington	DC DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Spons
	Affiliated Committee	t Fundraising Representa	Leadership PAC Spons
Designated Agent: Iden		t Fundraising Representa	Leadership PAC Spons
Designated Agent: Iden		t Fundraising Representa	Leadership PAC Spons
Designated Agent: Iden	tify by name, address (phone number – optional)		
Designated Agent: Iden	tify by name, address (phone number – optional) CITY ▲	STATE A	Leadership PAC Spons
Designated Agent: Iden Full Name Mailing Address	tify by name, address (phone number – optional) CITY ▲		
Designated Agent: Iden Full Name Mailing Address TITLE OR POSITION Banks or Other Depos safety deposit boxes or Name of Bank,	tify by name, address (phone number – optional) CITY ▲ CITY ▲ itories: List all banks or other depositories in which	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depose safety deposit boxes or Name of Bank, Depository, etc.	tify by name, address (phone number – optional) CITY ▲ CITY ▲ itories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depose safety deposit boxes or Name of Bank, Depository, etc.	tify by name, address (phone number – optional) CITY ▲ CITY ▲ itories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Connected Organization Affiliated Committee Joint Fundraising Representative Lease Designated Agent: Identify by name, address (phone number – optional) Full Name	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIFARS or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afterly deposit boxes or maintains funds. Stame of Bank, repository, etc.	
A:	
lame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersi Longjohn Victory Fund Mailing Address P.O. Box #15320 Washington Connected Organization Affiliated Committee Joint Fundraising Representative Leadersi Connected Organization Affiliated Committee Joint Fundraising Representative Leadersi Longjohn Victory Fund Mailing Address Connected Organization Affiliated Committee Joint Fundraising Representative Leadersi Longjohn Victory Fund Connected Organization Affiliated Committee Joint Fundraising Representative Leadersi Leadersi Longjohn Victory Fund Connected Organization Affiliated Committee Joint Fundraising Representative Leadersi Leadersi Leadersi Leadersi Leadersi Leadersi Connected Organization Affiliated Committee Joint Fundraising Representative Leadersi Leader	
Mailing Address P.O. Box #15320 Washington Relationship: CITY ▲ STATE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Lea esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZII Telephone Number Telephone Number Telephone Number Telephone Number	
Mailing Address P.O. Box #15320 Washington Relationship: CITY ▲ STATE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Lea resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZII Telephone Number Telephone Number Telephone Number Telephone Number	
Mailing Address P.O. Box #15320 Washington Relationship: CITY ▲ STATE ▲ Z Connected Organization Affiliated Committee Joint Fundraising Representative Lea Pesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZII Telephone Number Telephone Number Telephone Number Aganks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds.	nip PAC Spons
Washington DC 20003 Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leavesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIF Telephone Number TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIF Telephone Number – — — — — — — — — — — — — — — — — — —	
Washington DC 20003 Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lea esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIF Telephone Number TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIF anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds.	
Washington DC 20003 Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leavesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIF Telephone Number TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIF Telephone Number – — — — — — — — — — — — — — — — — — —	
Relationship: CITY A STATE A Z Connected Organization Affiliated Committee Solon Joint Fundraising Representative Lea resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIF Title OR POSITION Telephone Number — Telephone Number — Interest of State of St	
Relationship: CITY A STATE A Z Connected Organization Affiliated Committee Solon Joint Fundraising Representative Lea resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIF Title OR POSITION Telephone Number — Telephone Number — Interest of State of St	
Connected Organization	-
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIF Telephone Number — anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds. ame of Bank, epository, etc.	IP CODE ▲
Mailing Address CITY ▲ STATE ▲ ZIF Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIF Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
TITLE OR POSITION ▼ CITY ▲ Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
TITLE OR POSITION ▼ CITY ▲ Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
Telephone Number Telephone Number	
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds afety deposit boxes or maintains funds. ame of Bank, epository, etc.	CODE A
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	
Mailing Address	accounts, rent
<u> </u>	

Page ____ **of** ____

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number C
	4		FEC ID number
6.	Name of Any Connected Driskell Victory Fu		aising Representative, or Leadership PAC Sponsor
	Mailing Address	611 Pennsylvania Ave. SE	
		Number 143 Washington	, DC , 20003
	Relationship:	CITY ▲	STATE A ZIP CODE A
			Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tel	lephone Number
	safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Relationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional)
Mailing Address

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising									
1.				_	EC ID nu		С		-
2.				_	EC ID nu		С		-
3.				_ F	EC ID nu	mber	С		
4.				F	EC ID nu	mber	С		
ame of Any Connected (_	liated Commit	tee, Joint F	undraisin	g Repres	entative	, or Le	adership PAG	C Spor
Hoadley Victory Fu	ına 								
Mailing Address	918 Pennsylvan	ia Ave SE							
	Washington					DC	20	0003	. 🔝
Relationship:		CITY A			 ST	ATE 🛦		ZIP COI	DE A
	Organization	Affiliated Comm		Joint Fund	draising Re		tive	Leadership	
		Affiliated Comm	nittee x				tive	-	
Connected		Affiliated Comm	nittee x				itive	-	
Connected esignated Agent: Identify		Affiliated Comm	nittee x				itive	-	
Connected esignated Agent: Identify Full Name		Affiliated Comm	nittee x				ttive	-	
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Comm	er – optiona	i)	draising Re			-	PAC S
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Common	er – optiona	i)	draising Re	presenta		Leadership	PAC S
connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Comm	er – optiona	i)	draising Re	presenta		Leadership	PAC S
connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Common S (phone number of the common s) CITY •	er – optiona	Teleph	STATone Numb	resenta		Leadership ZIP CODE	PAC S
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address	Affiliated Common S (phone number of the common s) CITY •	er – optiona	Teleph	STATone Numb	resenta		Leadership ZIP CODE	PAC S
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositor Ifety deposit boxes or mail Image: Agent ag	by name, address	Affiliated Common S (phone number of the common s) CITY •	er – optiona	Teleph	STATone Numb	resenta		Leadership ZIP CODE	PAC S